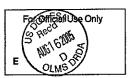
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

Name Dwayne

3. Name and address of person filing.

T Stephens

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name SHeet Metal Workers Local #9

Labor Organization File Number 026-570

| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Numb | per, if any |
|--|--|------------------------------------|
| Street 14631 west 62 Avenue | Street 7510 W. Mississipp | i #200 |
| City Arvada | City Lakewood | |
| State Colorado ZiP Code + 4 80004 | State Colorado | ZIP Code + 4 80226 |
| 5. Position in labor organization. Business Manager | | |
| Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the | | had any of the following interests |
| A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organi | , or derived income or other economic b zation represents or is actively seeking | enefit of g to represent. |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or | r Income. |
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bidg., Room No., if any | 7.b. Amount. | |
| Street | 7.b. Aribuik. | |
| City | | |
| State ZIP Code + 4 | | |
| Signature | | |

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

On 8/9/2005

Date

(303) 922-1213 ext. 11

Telephone Number

| Name of Person Filing Dwayne Stephens | File Number U- | |
|--|---|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | |
| Name and address of Business (including trade name, if any). | 9. Business deals with: | |
| Name Colorado Sheet Metal Workers Aprrentice Comm | a. Labor Organization | |
| Trade Name, if any: | b. Trust | |
| P.O. Box, Bldg., Room No., if any | с. Employeт | |
| Street 1515 W. 47th Ave | | |
| City Denver | | |
| State Colorado ZIP Code + 4 80211 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name Colorado Sheet Metal Workers Aprrentice Comm | Sheet Metal Workers Industry Week. Registration and delegate fees. | |
| Trade Name, if any: | | |
| P.O. Box, Bidg., Room No., if any | | |
| Street 1515 W. 47th Ave | 11.b. Approximate dollar value of such dealing. \$495 | |
| City Denver | 12.a. Nature of interest held or income received. | |
| State Colorado ZIP Code + 4 80211 | | |
| | | |
| | | |
| | | |
| | 12.b. Amount. | |
| | or parts A and B above) | |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | |
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City | | |
| State ZIP Code + 4 | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | |

| Name of Person Filing Dwayne Stephens | File Number U- |
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| 9. Business deals with: |
|---|
| a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. |
| Residental task force meeting. |
| Expense reimbursment |
| 11.b. Approximate dollar value of such dealing. \$813 |
| 12.a. Nature of interest held or income received. |
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|---------------------------------------|---------------------------------------|---------|---------|
| Name of Person Filing Dwayne Stephens | | File Nu | nber U- |
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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|---|---|
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: |
| Name National Energy Managment Institute Inc. | a. Labor Organization |
| Trade Name, if any: NEMI | b. Trust |
| P.O. Box, Bidg., Room No., if any | |
| Street 601 North Fairfax Street Suite 250 | c. Employer |
| City Alexandria | |
| State Virginia ZIP Code + 4 22314 | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name National Energy Managment Institute Inc. | Residental task force meeting. Expense reimbursment |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| Street 601 North Fairfax Street Suite 250 | |
| City Alexandria | |
| State Virginia ZIP Code + 4 22314 | 11.b. Approximate dollar value of such dealing. \$963 |
| | 12.a. Nature of interest held or income received. |
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| | 12.b. Amount. |

| Name of Person Filing Dwayne Stephens | File Number U- |
|---------------------------------------|----------------|

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: |
|---|---|
| Name Stabilization agreement of the sheet metal | a. Labor Organization |
| Trade Name, if any: SASMI | |
| P.O. Box, Bldg., Room No., if any | b. Trust |
| Street 601 North Faifax Street Suite 400 | c. Employer |
| City Alexandria | |
| State Virginia ZIP Code + 4 22314 | |
| 10. if 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name Stabilization agreement of the sheet metal | Trustee expense reimbursment for trust fund meetings. |
| Trade Name, if any: SASMI | |
| P.O. Box, Bldg., Room No., if any | |
| Street 601 North Faifax Street Suite 400 | |
| City Alexandria | |
| State Virginia ZIP Code + 4 22314 | 11.b. Approximate dollar value of such dealing. \$5,941 |
| | 12.a. Nature of interest held or income received. |
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| | 12.b. Amount. |